

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 393026	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/01/2023
NAME OF PROVIDER OR SUPPLIER: ENCOMPASS HEALTH REHABILITATION HOSPITAL OF READING, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE: 1623 MORGANTOWN ROAD READING, PA 19607		
STATE LICENSE NUMBER: 700201					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	<p>INITIAL COMMENT</p> <p>This report is for new services to begin on June 1, 2023, for use at Encompass Health Rehabilitation Hospital of Reading. The services include: Telemedicine Cardiology, Telemedicine Psychiatry, and Telemedicine Infectious Disease.</p> <p>Encompass Health Rehabilitation Hospital of Reading attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p> <p>.</p>	S 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



Certified End Page

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF READING, LLC

STATE LICENSE NUMBER: 700201

SURVEY EXIT DATE: 06/01/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY